



Patent
Attorney Docket No. 031211-084

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT
APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number **21839**

Sir:

Enclosed for filing is the utility patent application entitled:

BLOOD PRESSURE MEASURING APPARATUS

17548
10/767612
U.S. PTO
013004

by the following named inventor(s):

Peter Götz, Jörg Ziel, Werner Wingender and Jochen Von Benthen

- Applicant(s) suggests Figure 1 for inclusion on the front page of the patent application publication and patent.
- Applicant(s) requests that the published application include the following assignment information:
ERKA, Kallmeyer Medizintechnik GmbH & Co. KG

- Small entity status is claimed.

Also enclosed are:

DRAWINGS: 5 sheets of formal drawings _____ sheets of informal drawings

DECLARATION: will follow executed, is enclosed unexecuted, is enclosed

ASSIGNMENT: is enclosed will follow

**CLAIM FOR
PRIORITY
UNDER 35 U.S.
C. § 119 and/or
365:**

<input checked="" type="checkbox"/> is made in the declaration	<input type="checkbox"/> is hereby made as follows	Filing Date
Country	Appl. No.	DD-MM-YYYY
Germany	103 03 906.6	31 January 2003

certified copy(ies) enclosed certified copy(ies) will follow

OTHER PAPERS: a General Authorization for Petitions for Extensions of Time and Payment of Fees
 an Information Disclosure Statement
 an Application Data Sheet (ADS)
 PTO 1449 and copies of references cited therein

The filing fee has been calculated as follows and in accordance with the enclosed preliminary amendment:

This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.

Charge _____ to Deposit Account No. 02-4800 for the fee due.

A check in the amount of \$ 770.00 is enclosed for the fee due.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

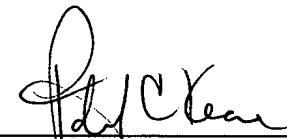
Please address all correspondence concerning this application to:

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Respectfully submitted,

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